

Hawaii Employer-Union Health Benefits Trust Fund
HSTA VB Monthly Retiree COBRA Rates

Benefit Plan	Type of Enrollment	Regular COBRA
		1/1/2015 - 12/31/2015
MEDICAL PLANS - MEDICARE		
HMSA PPO Medicare	Self	\$ 179.52
	Two Party	349.98
	Family	518.79
Medicare Prescription Drug	Self	\$ 182.42
	Two-Party	355.23
	Family	526.69
Kaiser HMO Medicare Kaiser Prescription Drug	Self	\$ 414.51
	Two-Party	808.80
	Family	1,198.93
MEDICAL PLANS - NON-MEDICARE		
HMSA PPO Non-Medicare	Self	\$ 384.83
	Two-Party	749.84
	Family	1,111.64
Non-Medicare Prescription Drug	Self	\$ 183.33
	Two-Party	357.06
	Family	529.42
Kaiser HMO Non Medicare Kaiser Prescription Drug	Self	\$ 663.90
	Two-Party	1,345.05
	Family	1,986.23
DENTAL PLAN		
HDS Dental	Self	\$ 34.48
	Two-Party	67.20
	Family	82.33
VISION PLAN		
VSP Vision	Self	\$ 5.43
	Two-Party	10.85
	Family	14.57
CHIROPRACTIC PLAN		
Royal State Chiro	Self	\$ 1.46
	Two-Party	2.93
	Family	3.10